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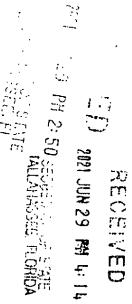
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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06/30/21--01003--012 **25.00



ARTICLES OF AMENDMENT 'TO ARTICLES OF ORGANIZATION OF

` '	and Smoke LLC	<u>, </u>
(<u>Name of the Limited Liabil</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number <u>L 2100021</u>	18243	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		• 1
		<u></u>
B. If amending the registered agent and/or register		name of the new registere
agent and/or the new registered office address here	•	3 G
Name of New Registered Agent:		
New Registered Office Address:	S 64 1	5
	Enter Florida street address	• •
<u></u>	, Florid	Zip Code
	CHY	Lip Coae

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BeWarie Lall 7	1255 Collins aul	■ Add
		Minni Beach, Fli	<u> </u>
		1255 Collins aul, Minni Beach, Fla 33139	□Change
		<u></u>	□Remove
		<u>.</u>	□Change
			□Add
			🗀 Remove
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Note:	ve date, if other than the extive date is listed, the date must If the date inserted in this ble ent's effective date on the De	ock does not m	eet the app	licable sta	of filing or more that tutory filing requ	(option un 90 days after fil tirements, this d	al) ing.) Pursuant to ute will not be l	605.0207 (3 listed as th
he record ord is file	l specifies a delayed effective ed.	date, but not	an effective	e time, at	12:01 a.m. on the	earlier of: (b)	The 90th day a	fter the
Dated_	06/29/2	021.		·				
	1(96)	Signature of a n	nember or au	thorized re	presentative of a n	nember		
	Kovin	Carl	ቦአ					

Filing Fee: \$25.00